



CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
OF THE SCHOOL
MEDICAL OFFICER

FOR

1958

CITY OF LEEDS EDUCATION COMMITTEE

Annual Report on the School Health Service for the Year 1958

BY

D. B. BRADSHAW, M.A., M.B., B.CH., B.A.O., D.P.H

*Medical Officer of Health and
Principal School Medical Officer*

INDEX

PAGE.

14	AUDIOMETRY.
24	B.C.G. SCHEME.
25	BLIND.
21	CHILD GUIDANCE.
6	CHILDREN ON ROLL.
18	CHIROPODY.
23	CLEANLINESS OF PUPILS.
9	CLINICS.
5	CONSULTANTS.
26	DEAF CHILDREN.
27	DELICATE CHILDREN.
35	DENTAL SERVICE.
15	DISPENSING OPTICIAN.
12	EAR, NOSE AND THROAT CLINIC.
28	EDUCATIONALLY SUB-NORMAL CHILDREN.
29	EPILEPTIC CHILDREN.
11	GENERAL CONDITION OF CHILDREN.
25	HANDICAPPED CHILDREN.
23	INFECTIOUS DISEASES.
7	INTRODUCTION.
32	LARCHFIELD SCHOOL
29	MALADJUSTED CHILDREN.
34	MILK IN SCHOOLS.
12	MINOR AILMENTS.
33	MISCELLANEOUS EXAMINATIONS.
14	OPHTHALMIC SERVICE.
36	ORTHODONTIC TREATMENT.
16	ORTHOPÆDIC SERVICE.
17	PÆDIATRIC CLINIC.
26	PARTIALLY DEAF CHILDREN.
26	PARTIALLY SIGHTED CHILDREN.
11	PERIODIC EXAMINATIONS.
30	PHYSICALLY HANDICAPPED CHILDREN.
24	POLIOMYELITIS VACCINATION
27	PRE-SCHOOL DEAF CLINIC.
35	SCHOOL TRANSPORT
19	SPEECH DEFECTS.
53	SPECIAL SCHOOLS.
3, 9	STAFF.
47	STATISTICAL TABLES.
24	TUBERCULOSIS—INOCULATION.

APPENDICES

	PAGE
I HISTORICAL	40
II REPORT ON PHYSICAL EDUCATION	42
III SCHOOL MEALS SERVICE	45

LEEDS EDUCATION COMMITTEE

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

Chairman : Alderman L. Hammond

Alderman L. Naylor, J.P.	Councillor M. Fish
Councillor V. M. Cardno	„ L. E. Henson
„ S. Cohen	„ G. Murray
„ G. S. H. Dovener	„ F. H. Watson

Co-opted Member : Rev. Canon C. B. Sampson, M.A.

Chief Education Officer : George Taylor, M.A., Barrister-at-Law

SCHOOL HEALTH SERVICE STAFF

<i>Principal School Medical Officer</i>	.. I. G. DAVIES, Q.H.P., M.D., B.S., F.R.C.P., D.P.H. (left 5/8/58) D. B. BRADSHAW, M.A., M.B., B.Ch., B.A.O., D.P.H. (From 5/8/58)
<i>Deputy Principal School Medical Officer</i>	.. D. B. BRADSHAW, M.A., M.B., B.Ch., B.A.O., D.P.H. (Until appointed Principal)
<i>Senior School Medical Officer</i>	J. G. JAMIESON, M.A., B.M., B.Ch., D.C.H.
<i>Principal School Dental Officer</i>	D. E. TAYLOR, L.D.S.
<i>School Medical Officers (Full-time)</i>	.. IRENE M. HOLORAN, M.B., Ch.B., D.C.H. GWENDOLINE F. PRINCE, M.B., Ch.B., D.C.H. H. G. HUTTON, B.A. (Cantab.), M.R.C.S., L.R.C.P., D.P.H. J. A. KELLY, M.B., Ch.B., B.A.O., (Appointed 19/5/58) MARY UPRICHARD, M.B., B.Ch., D.Obst., R.C.O.G., D.P.H. P. BRODBIN, L.R.C.P.I., L.R.C.S.I., D.P.H. (Left 5/5/58) MARIANNE H. WITT, M.D., L.R.C.P. & S.(Ed), D.P.H.
<i>School Medical Officers (Part-time)</i>	GRACE HOLEY, M.B., Ch.B. (Left 25/7/58) E. C. ILLINGWORTH, B.Sc., M.B., Ch.B., L.R.C.P., M.R.C.S. M. ELISABETH JAMIESON, M.R.C.S., L.R.C.P.

SCHOOL HEALTH SERVICE STAFF—(continued)

	HAZEL M. COLERIDGE, M.B., B.Ch.
	MARY DUNLOP, B.Sc., M.B., Ch.B. (from 16/6/58)
	G. ANNE KITCHING, M.B., Ch.B. (from 22/9/58)
<i>Ophthalmologist</i> (Part-time)	.. W. W. BALLARDIE, M.D., Ch.B.
<i>Orthodontist</i>	.. J. MILLER, L.D.S.
<i>School Dental Officers</i> (Full-time)	Mrs. H. M. ASH, B.D.S. (Appointed 15/9/58)
	P. ATKINSON, L.D.S.
	T. M. BAIN, L.D.S.
	Miss M. CLARKE, L.D.S.
	Miss M. B. COGAN, B.Ch.D., L.D.S.
	H. GAUNT, B.Ch.D.
<i>Present Staff</i>	S. R. GORSE, L.D.S.
	R. F. GRAINGER, B.Ch.D., L.D.S.
	P. IRVINE, L.D.S.
	S. P. MASTERS, L.D.S. (Appointed 15/9/58)
	P. NORMAN, L.D.S.
	F. SZTRODL, M.D.
	J. W. WHITELAW, L.D.S. (Left 31/12/58)
	M. ABRAMS, L.D.S. (Left 4/1/58)
	Miss G. M. ROCE, L.D.S. (Left 14/6/58)
<i>Pre-School Deaf Clinic</i>	.. Mrs. K. H. NEWLAND, Teacher of the Deaf (Part-time)
<i>Superintendent Health Visitor</i> <i>and School Nurse</i>	Miss J. M. AKESTER
<i>Deputy Superintendent Health</i> <i>Visitor and School Nurse</i>	Miss E. WILSON.
<i>Chief Administrative Officer</i>	.. G. VALLENDER.
<i>Chiropodist</i>	.. Mrs. JOAN BEEL, M.Ch.S.
<i>*Dispensing Opticians</i>	.. G. NUTTON, F.A.D.O. (Left 30/11/58)
	M. G. H. BIRCHENOUGH, A.M.I.O.Sc., M.A.D.O.
	Mrs. J. BOLTON, A.B.O.A. (Part-time)
<i>Speech Therapists</i>	Mrs. B. JACKSON, L.C.S.T.
	Miss U. PURCHASE, L.C.S.T.
	Miss S. WILSON, L.C.S.T. (Left 30/11/58)

<i>School Nurses</i>	..	..	24
<i>Physiotherapists and Remedial Gymnasts</i>	..	..	5
<i>Oral Hygienists</i>	..	..	2
<i>Clinic Assistants</i>	..	..	8
<i>Dental Attendants</i>	..	..	17

CHILD GUIDANCE

<i>Educational Psychologist</i>	..	P. C. LOVE, M.A., Ed.B., A.B.P.S.S. Miss J. R. PUTZEL, M.A., B.Ed. (Left 30 9/58) Mrs. J. I. TABORY, M.A., Ed.B. (Commenced 4 11/58)
<i>Psychiatric Social Workers</i>	..	Miss H. KEVEND, B.A. Miss P. BIRKETT, B.A. (Left 31 7/58) A. MARRINGTON (Part-time) (Left 28/2 58)
<i>Remedial Teachers</i>	..	S. ARNOLD, B.A., M.Ed. R. NEWMAN, Diploma in Primary Education.

CONSULTANTS

<i>*Ear, Nose and Throat Surgeon</i>	T. McM. BOYLE, F.R.C.S.
<i>*Orthopaedic Surgeon</i>	.. J. M. P. CLARK, M.B.E., F.R.C.S.
<i>*Ophthalmic Surgeons</i>	.. J. SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S. P. WILSON, F.R.C.S.E., D.O.M.S. (Left 25 7/58)
<i>Paediatric Consultant</i>	.. Professor W. S. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E.
<i>Psychiatrists</i>	.. W. MARY BURBURY, M.A., M.B., B.S., D.P.M., L.R.C.P., M.R.C.S. (Left 30 9/58) J. H. KAHN, M.D., D.P.M. (Left 30 9/58) E. ARKLE, M.D., D.P.M. (Left 30 9/58)
<i>Oral Surgeon</i>	.. Professor T. TALMAGE READ, F.R.F.P.S., F.D.S., R.C.S., L.R.C.P.

* Appointed by the Regional Hospital Board.

**Return of Number of Children on Roll at
31st January, 1958**

Type of School	Number of Schools	Number of Departments	Number on Roll
<i>Primary—</i>			
County	81	142	41,112
Voluntary	45	65	14,720
<i>Comprehensive</i>	1	1	605
<i>Secondary—</i>			
Modern	32	37	13,819
Grammar	9	9	5,095
Technical	2	2	1,331
<i>Special—</i>			
Educationally Sub-normal	4	4	407
Physically Handicapped ..	2	2	143
Partially Sighted (Class) ..	1	1	15
Deaf and Partially Deaf ..	1	1	116
<i>Other—</i>			
Nursery	1	1	70
Totals	179	265	77,433

LADIES AND GENTLEMEN,

I present herewith the report of the School Health Service for the year ended 31st December, 1958.

At the beginning of August Dr. I. G. Davies left Leeds to take up appointment at the Ministry of Health. The eleven years during which Dr. Davies served the Education Committee as Principal School Medical Officer have been marked by steady progress in all branches of the School Health Service. His energy, wisdom and leadership have been instrumental in bringing the School Health Service to its present high standard of efficiency.

The year 1958 marks the 50th anniversary of the School Health Service and a brief review of the progress and developments during the period is included in this report. It is interesting to note that although the population of the City increased by about 70,000 between 1907 and 1957, the number of children aged 5-15 years decreased by 13,000 during the same period—a reflection on our smaller family size and ageing population. In 1907 there were 275 deaths of children aged 5-15 years as against 53 in 1957. In this age group in 1907, tuberculosis caused 71 deaths, diphtheria and scarlet fever 23 each and enteric fever 6, while in 1957 there was no death from any of these causes. It is interesting to note a decrease in deaths from heart diseases in the same period from 33 to one, no doubt because of the disappearance of rheumatic fever. Accidents, which are now the largest single cause of death in school children, caused 9 deaths as against 23 in 1907.

In general the standard of health was satisfactory throughout the schools during the year and there was no major epidemic. A mild form of dysentery—Sonne dysentery—was moderately prevalent in infants' schools; though not dangerous, it is a considerable nuisance.

During the year substantial supplies of imported polio vaccine became available and just over 31,000 school children received two inoculations—a total of over 62,000 inoculations. An immunisation programme of this magnitude places a heavy burden on the staff concerned and the highest praise is due to the doctors, nurses, teachers and administrative staff responsible for the organisation and execution of the programme. For technical reasons it was thought wise to discontinue the arrangements for B.C.G. inoculations while the polio immunisation was in progress and certain other non-urgent work had also to be deferred.

It is disappointing again to record that substantial numbers of children required treatment for vermin infestation.

Two special investigations were carried out during the year by Dr. D. Jackson of the Leeds University Dental School on dental decay and by Miss Una Purchase on certain aspects of speech defect. The results of these valuable investigations are given in the body of the report.

The School Health Service gratefully acknowledges the help it has received during the year from colleagues in the Education Department and from the head teachers and staffs of the schools.

To the Chairmen and Members of the Education and Special Services Sub-Committee I tender my thanks on behalf of myself and staff of the School Health Service for their unfailing courtesy and encouragement.

I am,

Ladies and Gentlemen,

Your obedient Servant,

D. B. BRADSHAW,

Principal School Medical Officer.

February, 1959.

STAFF

- Medical Staff. One officer resigned on the 5th May, 1958 and one was appointed on the 16th May, 1958.
- Nursing Staff. Four nurses left the service and have been replaced.
- Physiotherapy Staff. One physiotherapist resigned and has been replaced.
- Speech Therapy Staff. One speech therapist resigned on the 30th November, 1958 and a replacement is expected early in the new year.
- Child Guidance Staff. Miss J. R. Putzel (Educational Psychologist) left on the 30th September, 1958 and was replaced by Mrs. J. I. Tabory who commenced on the 4th November, 1958. Two psychiatric social workers have left during the year—Miss P. E. Birkett on the 31st July and Mr. A. Marrington on the 28th February.
- All the psychiatrists left the service on the 30th September, 1958.
- Dental Staff. Two full-time officers resigned and have been replaced. In addition to these, one was appointed but left after a short stay.
- Consultant Staff. Mr. P. Wilson, ophthalmic surgeon, left to take up another appointment on the 25th July, 1958 and has not yet been replaced.
- As mentioned above three psychiatrists left on the 30th September, 1958.

SCHOOL CLINICS

The school clinics in Leeds and the forms of treatment which are available at them are as follows :—

Central Clinic (Education Office, Great George Street). Physiotherapy, speech therapy, refraction and orthoptic treatment, pre-school clinic for spastic children, pre-school clinic for deaf children and dental treatment.

Consultants to the Authority in paediatric, orthopaedic, ear, nose and throat and ophthalmic conditions hold sessions in the central clinic. Most of the intelligence testing of backward and delinquent children is also carried out here by the school medical officers.

Branch Clinics

Branch Clinic and Address	Treatment Given
Armley (Town Street) ..	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Beckett Street C.P. School ..	Minor ailments.
Burley (Willow Road).. ..	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment.
East Leeds (Harehills Lane) ..	Minor ailments, physiotherapy, refraction, speech therapy, dental treatment.
Burmantofts (Burmantofts Street)	Speech therapy.
Hawthornthwaite C.P. School ..	Minor ailments.
Holbeck (Hunslet Hall Road)	Minor ailments, physiotherapy, speech therapy, refraction, dental treatment.
Hunslet (Jack Lane) ..	Minor ailments, physiotherapy, dental treatment.
Ireland Wood C.P. School ..	Minor ailments.
Iveson House C.P. School ..	Minor ailments.
Meanwood (Meanwood Road)	Minor ailments, speech therapy, refraction.
Bramley (Town End)	Minor ailments.
Coldcotes (Coldcotes C.P. School)	Minor ailments.
Cross Gates (Methodist School Room)	Minor ailments
Parklands High School ..	Minor ailments.
Halton Moor (Halton Moor C.P. School)	Minor ailments.
Middleton (Middleton Park Avenue)	Minor ailments, speech therapy, dental treatment.
Park Square (M. and C.W. Clinic, Park Square)	Dental treatment.
Roundhay Road (Roundhay Road C.P. School)	Dental treatment.
Leafield (King Lane)	Dental treatment, minor ailments, physiotherapy, speech therapy.

PERIODIC EXAMINATIONS

The programme of examinations was carried out despite the time devoted to poliomyelitis vaccinations. The number of children examined was 23,272. Their general condition was on the whole satisfactory though there are still a number of children who appear to be lacking good parental care without being actually neglected. There are some conditions for which it is difficult to find an adequate remedy.

Amongst the older girls deformities of the feet are common. These are due to faulty footwear, faulty walking, poor posture and in some cases appear to be hereditary. Teachers and the physical exercise instructors do their best to counteract faulty posture, but there is still a need for better information amongst the parents to ensure that any good done at school is not undone at home. A great deal of deformity due to defective shoes is avoidable. In schools where the parents obviously take a lively interest in their children's physical welfare these defects are noticeably far less frequent. It is hoped that by pointing out the evils of a poorly shaped shoe to the present school children future generations may benefit.

Amongst the younger children upper respiratory disease and behaviour disorders form the bulk of conditions noticed. Chronically diseased tonsils and adenoids are found far less frequently as are chronic glandular enlargements in the neck.

GENERAL CONDITION

The number of children found to be in an unsatisfactory condition at routine examination in school was 189. This is 0·8 per cent. of the total examined and is a much lower figure than has been previously recorded. The actual number in the City may be a little higher since it is these children who are most frequently absent for medical examination. The majority of the absentees are, however, under supervision in some form or other. There are a certain number of children still who are not healthy and whom it is difficult to help. The family doctors when approached are always extremely helpful both with information and suggestions for managing the problem, and in many cases an improvement can be achieved even in the most difficult families.

As in former years most of the conditions causing ill-health are upper respiratory infections. Poor feeding still plays a certain part, often due to the children being left to get their own meals. In

recent years there has been a tendency to regard obesity as an unsatisfactory condition. The medical officers feel that it is only reasonable to suggest a reduction in diet where the obesity is causing definite discomfort and embarrassment.

No. Examined	No. Unsatisfactory	%
23,272	189	0.8

MINOR AILMENTS

Treatment for minor ailments is carried out in the branch clinics, and in certain cases by a visiting nurse in school. The conditions treated are substantially the same as in former years. Skin sepsis is still the most prevalent condition, often associated with dirt and indifferent care of the skin.

As in other areas in the north of England scabies has been noticed to be on the increase. Medical officers and nurses have been especially careful in arranging for all doubtful rashes to be examined at the Infirmary. 44 cases were confirmed compared with 7 last year. Athletes foot has occurred noticeably less frequently both this year and in 1957, a fall presumably associated with the cooler weather.

EAR, NOSE AND THROAT DEFECTS

Mr. Boyle's consultant sessions have continued weekly at the central clinic. Children suffering from diseases of the ear with or without accompanying deafness provide the majority of attendances. Children suffering from recurrent sore throats or diseases of tonsils and adenoids are in the main referred to the family doctor or if necessary direct to the out-patients of a hospital.

Chronic suppurative otitis media is still a condition commonly seen at the clinic. In some cases it is associated with infection by a germ which is resistant to most forms of antibiotic. In some cases however the condition has been perpetuated by failure to obtain treatment immediately at the onset of signs of ear disease. Some are unfortunately perpetuated by the child continuing to attend the swimming baths. The head teachers when informed that swimming is not to be undertaken are able to ensure that the child does not attend official school swimming sessions, but naturally swimming at other times cannot be prevented.

A certain number of children are still found to have some degree of congenital deafness. Fortunately the majority of children have good hearing in one ear and can manage in ordinary school provided they sit with the good ear towards the teacher. The problem of choosing employment is sometimes raised but it is surprising how rarely any specific restriction is necessary.

In some cases of deafness a hearing aid is found to be necessary. Sometimes it is thought advisable for the child to spend a period at the deaf school where there are no social disabilities for a child wearing an aid. In other cases the child is recommended to wear the aid first at home and later at school when any feeling of embarrassment has diminished. Presumably in time the wearing of a hearing aid will not be regarded as anything more out of the ordinary than the wearing of spectacles. At present there is no doubt that children are embarrassed by foolish comments as well as by certain discomforts associated with extraneous noise.

The smaller hearing aid issued under National Health Service Regulations is now gradually becoming available to all school children. Mr. Blick, of the audiology unit at St. James's Hospital continues to supervise the issue and maintenance of the aids and is extremely helpful in advising all concerned at home and school in their use and management.

Pre-School Deaf Clinic.

Eighteen children referred from various sources, attended the clinic during the year.

Three children left on entering a school for deaf. One child returned to ordinary school. Two children also attended day nursery where it was thought to be essential that they should be mixing with children who have normal speech and hearing. In one case the child came from a family where not only were the parents deaf but also another brother and sister.

Besides serving as a centre for instructing both parent and child in the means of overcoming the handicap the clinic serves a useful diagnostic purpose. These young children when first seen cannot be given accurate hearing tests, nor have they had a chance of developing their full hearing potential. Mrs. Newland, the teacher, is able to make tests from time to time. Mr. Boyle and the medical officer discuss the children's attainments with Mrs. Newland and the parents and where necessary further tests can be carried out. Over the course of months and even years an accurate estimate of the child's hearing capacity and ability to overcome the defect can be made.

Mr. Boyle's Consultant Clinic

No. of sessions	No. of cases seen	No. recommended operation
39	584	84

Pre-School Deaf Clinic

New Cases	Old Cases	Discharged	No. of Attendances
5	13	7	112

The following table indicates the percentage of children seen at periodic inspection in the three age groups who have had tonsillectomy.

Year of Birth	% who have had tonsillectomy
1952 } 1953 }	7.3
1947 } 1948 }	21.1
1943 } 1944 }	21.1

Audiometry

Audiometric sessions have continued in conjunction with the screening examination for speech therapy. In addition, a number of children attending Mr. Boyle's clinic undergo audiometric analysis. A small number of audiometric sessions were also carried out on children referred by medical officers. Three schools for educationally subnormal children were visited and every child was tested. The number of children tested during the year was 851.

Work in this field has been reduced this year because of the call on the staff to carry out poliomyelitis vaccination.

OPHTHALMIC SERVICES

Mr. Sherne has continued his consultant sessions during the year. Mr. Wilson resigned in July on taking up another appointment. He had given valuable service for seven years. His successor has not yet been appointed. There has been no orthoptist available but it is hoped that there will be an appointment early in 1959.

The clinic has continued to serve both the school and the pre-school population. The number of pre-school children seen was 238, mostly suffering from squint. Treatment of these babies and young infants is often difficult, refraction itself being a very delicate task. In some cases operation is advised, in other cases glasses are ordered and in some cases paralysis of accommodation by continued use of atropine ointment is effective.

Amongst school children the prevalence of visual defects remains fairly constant. The prejudice against wearing glasses seems to be lessening both in parents and children. The provision of a more rigid frame in cases of astigmatism has done away with the problem of bent spectacles and consequent deviation of the axis of the cylinder. It is possible for parents to pay a fixed charge to buy the more attractive frames. This has resulted in more children wearing their spectacles consistently.

Mr. Birchenough, Dispensing Optician, reports:—

“ This year has again shown another advance in the facilities offered to patients who elect to have their spectacles made by this department, in that new and more varied colours in solid material plastic frames have become available. It now is possible for teenage children who are becoming conscious of appearance to select frames in keeping with their more mature ideas, and full advantage of this range is taken by the majority of parents.

Once again the figures for the year show an increase over previous years and although accommodation is stretched, at times to the limit, with increasing patient attendances, it is gratifying to note that although complete freedom of choice is offered to all patients between the services offered by the department and those of private opticians recognised by the Ministry of Health, more than 82 per cent. of patients for whom spectacles are prescribed elect to have them made by the department.

At the end of November, Mr. G. Nutton, who had been with the department since it opened, left to take another post. It is hoped to secure a replacement in the near future in order to maintain the present high standard of service to the general public.

The maintenance of the central registry of all children who are prescribed spectacles by the Leeds Education Authority and the Leeds “ A ” Group Hospital Management Committee, consultant surgeons and doctors, enables a complete picture to be drawn of any individual child's eye status.”

New Prescriptions for glasses dispensed in the Optical Department	2,636
Repairs and Replacement of Spectacles	2,061
Adjustments and minor repairs	1,826
Total patients attendances	11,269

The following table gives the work done in the ophthalmic clinics :—

Examined by	NEW CASES		No. ordered spectacles	No. referred for operation	Squints
	Pre-School	School Children			
Consultants ..	238	1,666	2,986	63	583
School Medical Officers ..	—	3,907			
Total ..	238	5,573	2,986	63	583

THE ORTHOPÆDIC SERVICE

The weekly orthopædic clinic held at the Education Offices continues as before. Mr. Clark, F.R.C.S., visits the clinic on alternate Mondays to see selected cases both new and old. Dr. Soutter attends about once a term for consultations on the pre-school cerebral palsied children. Dr. Holoran conducts a weekly session and continues to act as an honorary clinical assistant to the orthopædic department at the Infirmary, thus facilitating liaison with the department and with other orthopædic consultants.

The pre-school cerebral palsy clinic continues to prove its value. Two physiotherapists are working at each of these twice-weekly sessions. Speech therapy is also available, but a smaller proportion of the pre-school cerebral palsied children on our present list seem to require speech therapy than in previous years. This year only five children have attended speech therapists, three for observation and two for treatment.

The physically-handicapped children who attend East Leeds and Stanningley occupation centres are visited by Dr. Holoran twice a year. Parents are invited to attend and staff can be consulted. In the interval, selected children can be brought to the central clinic if necessary. The majority of these children suffer from cerebral palsy and the more severe cases are placed at the Stanningley centre where physiotherapy is now available.

795 children attended the orthopaedic clinic during the year. The total number of attendances was 1,558. These numbers do not include most of the children attending Potternewton and Larchfield schools nor those at the occupation centres, these children usually being seen in the schools and the centres themselves.

During the course of the year many letters are sent to schools giving information as to children's disabilities and instructions as to any necessary limitations of their physical activities. Information is also passed to the Youth Employment Service and a small proportion of children are registered as disabled persons on leaving school. The following table shows the conditions for which the children attended the orthopaedic clinic.

Sequelæ of Poliomyelitis	..	..	..	..	..	132
Cerebral Palsy	..	..	..	..	..	110
Congenital Defects						
Pes Cavus	..	..	..	..	29	
Talipes Equino Varus	..	..	..	..	19	
Primus Metatarsus Varus	..	..	..	..	11	
Meningocele or Spina Bifida	..	..	..	..	6	
Klippel Feil Syndrome	..	..	..	..	5	105
Structural Scoliosis	..	..	..	..	4	
Dislocation of Hip	..	..	..	..	3	
Various	..	..	..	..	28	
Osteochondrosis of						
Hip	..	..	..	..	33	
Spine	..	..	..	..	16	61
Tibial Tuberosity	..	..	..	..	5	
Various	..	..	..	..	7	
Genu Valgum	..	..	..	..	..	37
Osteomyelitis and Suppurative Arthritis	..	..	..	..	..	29
Results of Injuries	..	..	..	..	..	25
Tuberculosis of Bone	..	..	..	..	..	18
Hammer Toes	..	..	..	..	..	8
Postural Defects of						
Feet	..	..	..	..	79	
Spine	..	..	..	..	32	118
Neck (torticollis)	..	..	..	..	7	
Other Conditions (incidence 6 or less)	..	..	..	..	..	32
Consultation and no treatment or observation	..	..	..	..	..	104
Transient symptoms	..	..	..	..	..	16
						<u>795</u>

PÆDIATRIC CLINIC

The majority of children who attended this clinic for enuresis had had various forms of treatment in the past without alleviation. In the main they fall into two groups. The children whose training and management is faulty can often be improved by a spell in hospital coupled with some advice to the parent. The remaining children resemble each other in being enuretics but the causal factors may be widely differing. A lengthy history and possibly investigations of kidney and bladder function may be necessary. It is possible to differentiate groups of causes requiring varying methods of treatment. The empirical methods of treatment formerly in use are therefore being superseded by a more rational approach.

The respiratory conditions seen are mainly recurrent bronchitis and asthma. There appears to be little or no diminution in the incidence of these conditions. They are a frequent cause of absence from school and in the case of the asthmatic children particularly, the perpetual strain of trying to catch up tends to perpetuate the disease. It is for this reason that a relatively large number of children with asthma are recommended for long term convalescence or open air school. Residential care means that the child misses far less schooling because of his attacks.

The group of heart conditions mentioned in the table comprise chiefly children who have been noted to have some cardiac anomaly during medical inspection. The vast majority are found to have a simple murmur of no significance and parent and child can be reassured. In a few cases a more cautious diagnosis is necessary, and occasionally the consultant recommends certain restrictions of activity. Except in very few cases nowadays the parent is informed of any heart condition diagnosed. For many years it was customary not to tell parents of the existence of a heart murmur in a child for fear of causing unnecessary alarm. This restraint does not seem justified. Parents nowadays accept the fact that innocent murmurs occur. Young adults are thus spared the embarrassment and disturbance which may so easily arise when the existence of a murmur is disclosed to them for the first time during some examination in adult life.

Summary of Cases seen at the Pædiatric Clinic.

No. seen	Condition for which examination recommended			
	Heart	Lung	Enuresis	Others
163	39	30	50	44

CHIROPODY

Mr. Pateman died in July 1958. He had for many years provided a valuable service to the children of Leeds, having great interest not only in the treatment of clinical conditions but also in their causation and possible prevention. His daughter, Mrs. Beel, who had been assisting him for some years, is now in charge of the clinic. In March the premises in the out patient department of the Infirmary were vacated and the clinic transferred to Fenton Street. A clerk from the medical section continues to attend the clinic. She keeps the records and arranges the appointments.

The type of case seen has remained substantially the same as in former years. Plantar warts are now seen at a much earlier stage, making treatment more simple and much shorter. This earlier diagnosis is in great part due to the increased vigilance and regular foot inspection carried out by nurses and teachers of physical education. Children and parents are also nowadays more alive to the necessity of early treatment. It is very uncommon now to find children who have allowed the warts to proceed to the painful stage. Deformities of the feet are still seen by the medical officers, chiefly amongst older girls. The problem has been discussed with the P.E. organiser, Mr. Bailey, but the only solution appears to lie in some form of propaganda amongst parents to encourage the purchase of more suitable shoes. Much of the advice given to the girls from various sources appears to fall on deaf ears.

The following table shows the number of cases treated at the Chiropody Clinic during 1958 and the number of attendances they made. 378 cases were discharged during the year as cured.

Defect				New Cases	Attendances
Verruca	..	..	..	1,320	3,943
Defects of feet	..	..	..	143	627
Corns etc.	..	..	..	47	108
Total	..	..	..	1,510	4,678

SPEECH THERAPY

Speech training is given at the Central Clinic, at Larchfield School, Potternewton School and at eight branch clinics.

The staff of three speech therapists have treated 244 children during the year, including 25 cerebral palsied children. A total of 95 children have been discharged or suspended from treatment.

160 new cases of speech defect were referred for investigation, of whom 100 were recommended for treatment. The remainder were placed under observation.

The School Health Service is faced with a difficult problem in deciding when to intervene to help young children whose speech is failing to develop in the expected way. Experience shows that there is a very wide range in the degree of maturity reached in the speech of young children, and that proficiency depends on the child's social and emotional development as much as on other factors such as facility in hearing, articulation and memory.

In many cases it is found that the urgent necessity of making oneself understood by strangers is a great spur to the acquisition of intelligible speech. On the other hand it should be remembered that a defect which is failing to improve will, from sheer force of habit, become more difficult to correct as time goes on.

At the five year level we are chiefly concerned with the practical consideration of whether speech is intelligible or unintelligible. By the age of seven the criterion will be whether the speech is of standard or substandard quality. Substandard speech is not only a matter of aesthetics. It is likely to be a source of general frustration, and a considerable hindrance to the recognition of the printed word.

With these considerations in mind, a survey was made by Miss Una Purchase, speech therapist, of 500 entrants to representative infants' schools throughout the City. The selected children were seen in October, 1957, and again at the end of six months, and finally in October, 1958.

The detailed figures of this investigation are set out below. It appears from these figures that 56% of Leeds children have speech defects when they first enter school, and that approximately half of the children with defects are improved or corrected during their first year in school. So that, although retarded speech is always a matter for concern and investigation, it is not always a matter requiring expert assistance. In a considerable proportion of cases the problem is solved by a simple process of maturation.

Miss Purchase points out that lateral sigmatism and stammer in this series did not tend to improve in the absence of treatment. The same applies to nasal speech.

Ten children (2%) in the present series were silent or unintelligible on entering school. At the end of the first year seven were speaking well, and three were still unintelligible. Those who showed marked progress did so during the first six months.

A survey of the year's investigations and recommendations suggests that the team of three speech therapists is dealing adequately with the greater part of the problem, but that a number of children at present under observation could be helped, directly or indirectly if therapists were available to offer supervision and advice to teachers and parents.

Investigation of Speech of 500 School Entrants October 1957 to October 1958

Group	Defect	1957	1958			
		Number Defective	Number Corrected	Number Improved	No. Change	Not seen for re- inspection
1	Substitution of Th. by F.	150	53	34	45	18
2	Simple Dyslalia (from 1 to 3 sounds incorrect)	100	23	15	46	16
3	Mild Dyslalia (4 or more sounds incorrect)	20	—	9	4	7
4	Severe Dyslalia (unintelligible) . . .	5	1	2	2	—
5	Not speaking in school	5	3	2	—	—
6	Stammer	3	—	1	2	—
Totals		283	80	63	99	41

CHILD GUIDANCE SERVICE

During most of the year the School Psychological Service and the Child Guidance Clinic continued to investigate, and, where necessary, to treat, children suffering from educational and emotional difficulties.

In September the arrangements with the University Department of Psychiatry came to an end. New arrangements have been made with the Regional Hospital Board, who have undertaken to provide the services of a child psychiatrist. The new arrangements will come into effect as soon as an appointment has been made. In the meantime a school medical officer who is specially interested in the field of child psychiatry has been seconded to cover urgent work.

Under these emergency arrangements six cases of emotional difficulties have been investigated and five of them were considered suitable for psychological treatment.

	Predominantly Emotional	Predominantly* Educational
No. referred	58	120
No. investigated	47	102
No. given treatment/special teaching	47	101
No. of cases closed	105	139
No. awaiting investigation on 31.12.58	4	18
No. awaiting treatment/teaching 31.12.58	14	16

*These figures do not include the children who were tested or taught in school groups.

The activities of the Child Guidance Service are noted below :

School Psychological Service

As in past years, most of the work carried out by this Service has been in the field of the remedial teaching of reading, and this year 85 boys and 16 girls have received individual attention, whilst 93 children have been taught in special groups. The average gain in reading age (as assessed on a Graded Word Test) for the children who received individual help was 2.6 years, after attending once or twice a week for an average of 11 months (inclusive of school holidays). School groups were given special teaching for an average of 4 months, and the average reading improvement during this period was 1.2 years. A limited number of children with special difficulties in arithmetic were also helped, and the results were generally encouraging.

During the year, a remedial teaching unit was operated on a weekly basis in the Seacroft area, and the travelling time of the children in need of remedial teaching at Seacroft schools was substantially reduced.

The staff of the Service participated in a minor research project concerned with the comparison of two reading tests. In connection with this 253 children were given individual reading tests. It is hoped to publish a report on the findings of this survey and this should be of value to Leeds teachers.

More than 200 visits were made to Leeds schools, apart from those made to carry out group teaching, in order to discuss individual children with their own teachers and also to discuss the best material and organisation for groups of backward readers.

Child Guidance Clinic

Behaviour difficulties were mentioned in more than half of this year's referrals. In this group of difficulties, pilfering was the most frequently mentioned symptom, although there were several cases of children referred for refusing to go to school. The unusually high number of closures of cases this year was due to the cessation of psychiatric facilities at the clinic. Some of these cases were able to continue with their treatment at another unit, whilst others had to be closed before psychiatric treatment had been completed. On the 30th September, 1958, 17 cases were awaiting psychiatric investigation, and 18 had been investigated and were awaiting psychiatric treatment. By the end of this year these numbers had been reduced, through the provision of alternative forms of treatment, or through the withdrawal of some cases after the parents had reported a clearing of the symptoms for which the child had been referred.

CONTAGIOUS AND INFECTIOUS DISEASES

In order that everyone who deals with infectious diseases amongst children should have available the same recommendations about quarantine, exclusion, etc. a circular was sent to all general practitioners, medical officers, school nurses and health visitors giving this information. It is hoped that difficulties arising from previous discrepancies will be obviated.

There were no major epidemics during the year. One outbreak of infectious jaundice fortunately proved short lived. Energetic measures taken by the school staff after discussion with the medical officer and school nurse may have played some part. Epidemic vomiting appeared only twice. Sonne dysentery continues to be prevalent, and a number of cases appeared in an area previously unaffected. There is little that can be done in the way of prevention, but introduction of individual towels or paper towels, banishing roller towels, and encouragement in good toilet habits plays a great part in keeping the infection within bounds.

Scabies is becoming more prevalent, a trend already noted in other areas. Medical officers and nurses have been especially careful to get a second opinion in all doubtful cases. The majority of children can be cleared by a single application of benzyl-benzoate at the cleansing station, coupled with routine cleansing of the skin. The family contacts are followed up and, where necessary, treatment is recommended. There is now no statutory authority for compulsory treatment and some children are reinfected by other members of the family who have refused treatment.

CLEANLINESS OF PUPILS

The number of cleanliness inspections carried out by nurses and clinic assistants during the year is 30,000 less than in 1957. This is accounted for by the number of sessions spent on vaccinations against poliomyelitis. There were 245 such sessions and at each one a nurse and clinic assistant were employed, thus keeping them from some of their routine work.

A disturbing feature, is that, even with the reduction in the number inspected, there is a small increase in the number of children found to be infested. The number this year is 3,828 as against 3,593 in 1957. There is also an increase in the number of exclusions and in the number of pupils in respect of whom cleansing orders were issued.

	1957	1958
(1) Number of children in respect of whom cleansing notices were issued	1,172	1,258
(Section 54(2), Education Act 1944)		
(2) Number of children in respect of whom cleansing orders were issued	744	826
(Section 54(3), Education Act 1944)		

Having recorded a gradual decrease over the last few years it is difficult to find a reason for the increase, especially so when there has been quite a heavy programme of slum clearance, involving re-housing in very much improved conditions.

It would appear that there is a hard core of habitual offenders who cannot be induced to improve their standard of hygiene regardless of improved facilities.

B.C.G. INOCULATION

The scheme to offer B.C.G. vaccination to children between 13 and 14 years of age has been suspended during the year. It was felt that owing to the extensive arrangements for giving protection against poliomyelitis, it would not be wise or even safe to have the two types of vaccination in use concurrently.

It is hoped to complete the poliomyelitis vaccination in the early part of 1959 and then to resume the B.C.G. scheme.

POLIOMYELITIS VACCINATION

In November, 1957, the Ministry of Health asked the Ministry of Education for the assistance of the staffs of school health services in carrying out the vaccination of school children between the ages of 5 and 15 years. It was suggested that this work should be given priority even if some of the routine work of the school medical officers would have to be suspended.

Forms of consent were sent to children attending all Leeds schools, including independent and private schools. The Ministry of Health intimated that parents should be given the choice of British or Salk vaccine. This choice has caused considerable delay in carrying through the programme, as the quantity of British vaccine available has not been adequate to complete the vaccination of those who expressed a desire for it. At the end of 1958 there were still about 5,000 children awaiting British vaccine who had not had any treatment at all.

The number of children whose parents accepted the offer of vaccination in school was 39,065 and by the end of January, 1958, the school health service was ready to launch the scheme. Unfortunately vaccine became available in quite small quantities and it was the end of July before all children—with the exception of the 5,000 awaiting British vaccine—had been given two injections.

It is now proposed to give a third injection and arrangements are in hand for this.

The following numbers indicated the position on the 31st December, 1958.

	No. given 2 Injections
British Vaccine	4,717
Salk Vaccine	26,431
Total	31,148

Owing to the delay in carrying out the vaccinations many children left school and could not therefore be treated by the school health service. Their consent forms were passed to the Health Department. Others have had the vaccinations done by private practitioners.

A supply of British vaccine has become available and arrangements have been made for some of the 5,000 awaiting treatment to be vaccinated early in 1959.

In carrying out this scheme the co-operation of head teachers has been greatly appreciated.

HANDICAPPED CHILDREN

(1) **Blind**

Sixteen children attended residential schools :—

Henshaw's Institution, Manchester	3
Preston School for Blind and Partially Sighted	1
Royal Normal College for the Blind, Rowton Castle, Shrewsbury ..	2
St. Vincent's School for Blind and Partially Sighted, Liverpool ..	1
Schools for the Blind, Wavertree, Liverpool	2
Sheffield School for the Blind	7

A blind child is by definition a child who requires to be educated by methods not involving the use of sight. These children often retain some useful vision and the decision to recommend blind

education can often be taken only after many consultations and much discussion. One of the greatest problems is that of the child with progressive loss of vision. It is extremely difficult to decide at what stage blind methods become necessary, since too early a change might result in a feeling of despondency. Conversely too late a change may mean that valuable time is lost by using methods from which the child cannot benefit. The views of child, parent, teacher, ophthalmic consultant, family doctor and school medical officer are frequently all required.

(2) Partially Sighted

Thirteen children attended the partially sighted class at Beckett Park C.P. School. It had been felt for some time that possibly some children were being educated in this class who might conceivably be better placed in a school using non visual methods. The Ministry of Education were approached to see if they could give some indication of the standards adopted elsewhere in the country. Two officers visited the class and discussed the children's problems with the class teacher and the school medical officer and the ophthalmic consultant. It was agreed that the standard adopted in Leeds was comparable with standards elsewhere, and that the educational régime proposed for each child was correct. The children who have already passed through the class have all been followed up. Those who have returned to ordinary school appear to be managing with the co-operation of the class teacher. Their chief difficulties lie in their slower rate of work, and difficulty in seeing the blackboard. If allowances and adjustments are made it is surprising how well the children can fit into ordinary school life. There is no doubt however that it is essential for these children to attend a special class during their junior years, where they can learn the basic elements at their own pace without having to compete against children without handicap.

(3) Deaf and (4) Partially Deaf

Thirteen children are placed in residential schools as follows : —

Burwood Park School, Walton-on-Thames	..	..	..	..	1
Mary Hare Grammar School, Newbury	..	..	..	..	1
Odsal House Special School, Bradford	..	..	..	..	3
St. John's Institute for the Deaf, Boston Spa	..	..	..	..	8

There are also 65 deaf and partially deaf at the Lawns House School and 248 partially deaf children in ordinary school who are kept under observation.

It is hoped that the new classrooms will be available at Elmete Hall early in 1959. Resident boys are still travelling daily to Lawns House. The numbers in the school remain substantially unaltered.

Mr. Boyle continues to make regular visits, though the number of children requiring treatment continues to fall. The technicians from the Audiology Unit at St. James's Hospital attend for a day each month, repairing and replacing hearing aids and making new ear-moulds. All teachers now have their own ear mould which enables them to test the efficiency of any child's hearing aid at any time. The new small aids issued under the National Health Service are being brought into use, replacing the more cumbersome type issued hitherto.

A scheme for the re-organisation of schools for the deaf and partially deaf was put forward by the Ministry of Education. Certain portions of the scheme were strongly criticised by the Committee and after some discussion a compromise was reached. All partially deaf children in the region requiring special school education will attend the Leeds school. No deaf children will be admitted as boarders from other authorities, but profoundly deaf children from Leeds will continue to attend the school as day pupils. The re-organisation was considered necessary on the grounds that partially deaf and profoundly deaf children should be segregated as far as possible.

Pre-school Deaf Clinic

Mrs. Newland continued her work in this clinic with 18 children attending during the year. The clinic not only serves as a centre for treatment and giving advice but also serves a diagnostic purpose. It is still difficult to make accurate assessments of the hearing capability of the younger children, and it may require months and even years of observation before an opinion is reached. Tests of various types are carried out by the teacher, the aural consultant and the medical officer. These are designed to discover not only the particular type and amount of hearing loss, but also the amount of ability the child possesses to overcome the defect.

(5) Delicate

Sixteen children attended residential schools as follows :

Children's Convalescent Home, West Kirby ..	0
Fir Bank Hostel for Diabetics, Frodsham, Cheshire	1
Jewish Open Air School, Broadstairs, Kent ..	1
Netherside Hall Open Air School, Skipton-in- Craven	1
St. John's Open Air School, Woodford Bridge, Essex	4

In addition, convalescence was arranged through the health department for 185 children.

615 children attended the camp at Silverdale and in spite of the poor summer they seemed to benefit. 49 children, for a variety of reasons, were admitted to the Hollies. In addition to these children, certain ones were admitted to hospital by the consultant pædiat-rician for varying periods. Teaching facilities are available at Seacroft, St. James's, Cookridge and the Wharfedale Children's Hospitals.

(6) Educationally Subnormal

Thirty-three children are placed in residential schools as follows :—

Aldwark Manor School, Alne, nr. York ..	1
Allerton Priory Special School, Liverpool ..	2
Besford Court, Worcester	10
Crowthorn Residential Special School, Edgworth, nr. Bolton	2
Etton Pasture School, nr. Beverley	6
Hilton Grange School, Bramhope	2
Jesmond Dene House Special School, Newcastle- upon-Tyne	3
Orton Hall School, Orton Longueville, nr. Peterborough	1
Pontville R.C. Special School, Ormskirk, Lancs.	1
Rossington Hall, Doncaster	2
Springhill School, Ripon	1
Thorn Garth Hostel, Bradford	2

412 children attend day schools in the city. A number of children receive special help either in school or in the child guidance clinic.

The appointment by the committee of a welfare officer to supervise all children in special schools has proved of great value. Delays in following up persistent absentees are now obviated and at the same time children in need of assistance can be dealt with more speedily.

With the opening of the junior E.S.N. School in Cardinal Square certain changes will become necessary in the distribution of children. Hunslet Lane will gradually become a senior school for girls and boys, and the senior girls from Grafton will transfer eventually to Hunslet Lane. This will prove beneficial not only in maintaining a more even balance between boys and girls at Hunslet Lane but also because the practical facilities there are better for senior girls. The teaching staff at all the schools maintain a balance between formal teaching and activities directed towards developing the child's confidence and social maturity. Visits to various places of interest are frequently undertaken, and it is a noticeable feature that these children are close observers as witnessed in their drawings and written descriptions of places they have visited. The cottage at Linton and the youth club continue to be well patronised.

Children in residential schools are usually placed there because of unsatisfactory domestic conditions, or for religious reasons. On the whole these children settle in well and both socially and educationally they make good progress. Unfortunately it is not easy in most cases to effect much improvement in the home situation which has created the need for residential school and no satisfactory solution to this problem has been devised.

(7) Epilepsy

Six children attend residential schools for epileptic children as follows :—

Colthurst House School, Alderley Edge, Cheshire	1
Lingfield Epileptic School, Lingfield, Surrey ..	3
Soss Moss Residential School, Lancs.	2

In addition, 114 children are listed as epileptic but attend ordinary school. There are other children who have epilepsy but for one reason or another the fact is unknown to the Authority. Sometimes parents conceal the fact deliberately. This can lead to unfortunate results since there is no doubt that certain school activities are best avoided by epileptics. In some children attacks of minor epilepsy are so fleeting that they are barely recognisable. In others, attacks are so infrequent that they can, for all practical purposes, be ignored.

(8) Maladjusted

Thirteen children attend maladjusted schools as follows :—

Chaigeley School, nr. Warrington	1
Cromer's Close Hostel, Coventry	1
Eden Grove School, nr. Appleby	1
Breckenbrough School, Thirsk	1
Peredur Home School, East Grinstead, Sussex	1
Potterspury Lodge, Towcester, Northants. ..	1
St. Peter's Boarding School, Horbury ..	2
Stelling Hall Boarding Home, Stocksfield ..	1
Trinity Hall School, Southport	1
Walsh Manor, Crowborough, Sussex	1
Wennington Hall Residential School, nr. Lancaster	1
Shotton Hall, nr. Shrewsbury	1

This represents only a small proportion of the children who require some assistance to adjust themselves to the society they have to live in. The remaining children of this type are dealt with by the family doctor, the school, the probation officers, the child guidance clinic and the psychiatric services.

(9) Physically Handicapped

Seven children are placed in residential schools for physically handicapped children, as follows :—

Hollins Home, Killinghall, Harrogate	2
William Baker Technical School, Goldings, Hertford	1
Hesley Hall School, Tickhill, nr. Doncaster ..	1
Sheilings Curative School, Gloucester	1
Wilfred Pickles School, Tixover Grange, Stamford, Lincs.	1

These children require residential care because of home conditions or severe physical defect or difficulty in travelling daily to school. Others are temporarily in hospital where teaching facilities are available.

Dr. I. M. Holoran reports on Potternewton Mansion day school for the physically handicapped, as follows :—

On December 31st, 1958, there were 122 children on roll at Potternewton Mansion day school for the physically handicapped. There were no transfers from Larchfield school for the cerebral-palsied in 1958. As usual there were a number of re-admissions from Thorp Arch Hospital School and Pinderfields Hospital School, where various children had been undergoing surgical treatment to improve their condition at the appropriate stage of growth and rehabilitation. Twenty-seven children were admitted for the first time.

The children's physical disabilities are classified as follows :—

Cerebral Palsy	26
Sequelæ of Poliomyelitis	24
Congenital Deformities (other than Congenital Heart lesions) :—	
Meningocele or Spina Bifida	8
Scolio-kypnosis	4
Abnormality of bladder	1
Absence of both radii	1
Dislocation of Hip	1
Heart Disease—Congenital	14
Hæmophilia and Pseudohæmophilia	9
Muscular Dystrophy	7
Pseudocoxalgia	6
Tuberculosis of bone	5
Osteomyelitis and Suppurative Arthritis	4
Brønchiectasis	2
Still's Disease	1
Von Recklinghausen's Disease	1
Progressive Spinal Muscular Atrophy	1
Slipped Femoral Epiphysis	1
Obscure Lesion of Cerebral Cortex	1
Result of Burns	1
Severe functional incontinence of urine	1
Diabetes and partial-sightedness	1
Recurrent Subluxation of Patella	1
Personality Disorder	1

122

It is interesting to note that 64 children, that is over half the school, suffer from abnormalities present from infancy, i.e. from cerebral palsy, congenital lesions and haemophilia. Now that poliomyelitis is becoming preventable the figures will be even more striking, as this disease accounts for another fifth of the children on roll.

For the first time there is no child attending the school who suffers from rheumatic heart disease. This reflects the trend of the times, and seems as worthy of note as the disappearance of rickets from the list of diagnoses.

Surgery for congenital heart lesions continues to extend its scope and an increasing number of severely handicapped children can be improved if not cured by surgery. Many of these children seem likely to have a greatly improved expectation of life and a chance of becoming employable.

There are 8 incontinent or partially incontinent children who are able to attend school. Parental co-operation and nursing care in school, and the provision of appliances for some, make this possible. The majority of these children suffer from the effects of congenital abnormalities, e.g. a meningocele.

The arrangements for the medical supervision of the children are similar to those of previous years. The visiting team consists of Mr. Clark, F.R.C.S., orthopaedic consultant, with Dr. Buchanan and Dr. Soutter as paediatricians. Dr. Holoran attends with them as well as having her own sessions. Three physiotherapists, a part-time speech therapist, a nurse with orthopaedic experience and two general attendants complete the team.

Terman Merrill intelligence tests have been carried out on 25 children during the year. In addition to other children examined, all the cerebral-palsied children are checked at intervals. Four children have been transferred to schools for the educationally subnormal on becoming physically fit for the change, and one boy has been notified to the Mental Health Services at the age of sixteen as in need of supervision.

Thirty-nine children were taken off the school roll during 1958. The following table shows their disposal:—

To work	7	} 27
To Pitman's College	1	
To secondary modern schools	8	
To county primary schools	7	
To schools for the educationally subnormal	4	

To residential schools	2	}	10
To long-stay hospital schools.. ..	5		
Left Leeds	3		
Notified to Mental Health Authority at sixteen			1
Died: (Wilm's Tumour)			1
			<hr/>
			39
			<hr/>

Thus, 27 children became physically fit for a comparatively normal life, while 10 may still become so.

Larchfield School

In 1958 there were 3 changes amongst the children attending Larchfield school. This is shown in the following table :—

To Holly Bank (Huddersfield) on grounds of age and disability	1
Left Leeds	1
Died	1
	<hr/>
	3
	<hr/>

One child has been admitted during the year from pre-school clinic and has learnt to walk since admission. Two other children from pre-school clinic will be admitted in January, 1959, at the age of four and a half. Neither of these two can walk as yet.

Of the five children who were in the school in 1958 for a trial period for assessment of their educability one has died, one is definitely educable, two seem likely to be so and one is probably to be transferred to Irton Hall school for the educationally subnormal cerebral palsied.

Arrangements for the medical supervision of the children continue on a similar pattern to 1957. Mr. Clark, F.R.C.S. visits once a term as usual. Dr. J. Soutter attends the school as the pædiatric member of the team. Dr. Holoran attends with them as well as having her own sessions.

TABLE I
The Placing of 203 Cerebral Palsied Children between 3 and 16 years of age.

Normal school 82	{	1	Secondary grammar school.				
		76	Primary or secondary modern school				
		3	"	"	"	"	—after Larchfield
		2	"	"	"	"	—after Potternewton Mansion
Schools for E.S.N. 10	{	4	Day school for the E.S.N.—after primary school				
		3	"	"	"	"	—after Potternewton Mansion
		1	"	"	"	"	—after school for the deaf
		2	"	"	"	"	—after Larchfield

Schools for Physically Handicapped 50	{	1	Residential school for the physically-handicapped
		3	" " " " cerebral-palsied
		10	Weekly boarder at Larchfield
		16	Potternewton Mansion
		10	at Potternewton Mansion after Larchfield
Ineducable 47	{	1	at school for deaf after Larchfield
		37	Notified as ineducable (not having attended any school)
		1	" " " " after Potternewton Mansion and Partially Sighted School
		5	" " " " after Potternewton Mansion
		1	" " " " after Potternewton Mansion and E.S.N. School
		1	" " " " after Larchfield
		2	" " " " after E.S.N. School
Under 5 14	{	6	Under 5 years old and probably fit for primary school at 5
		5	" " " " " " " " " " Larchfield at 5
		3	" " " " " " " " " " ineducable.

Incidence 2.5 per 1,000 of school population.

TABLE II

Distribution of Intelligence Quotients of 199 Cerebral Palsied Children in Leeds, 1958.

I.Q. Level		No. of Cases	%
Above normal	{ (130+	2	1.1
	{ 110—129	9	4.8
Average	90—109	48 (5 pre-school)	22.7
Dull	70—89	69 (3 pre-school)	34.9
Educationally Subnormal	50—69	33	17.5
Ineducable	{ 25—49	22 (2 pre-school)	10.6
	{ Below 25	16	8.5

In addition there were four pre-school children whose I.Q. was not assessable.

MISCELLANEOUS EXAMINATIONS

Part-time Employment

1,941 children were examined under the regulation of the Education Act for the part-time employment of school children. The majority of children passed the examination but in some cases the medical officer felt the child was unfit for work after school hours, and in some cases a certificate was given for a limited time so that a check could be kept on the child's health during the period of employment.

Examination at the request of the Juvenile Court

149 children were examined at the request of the juvenile court. In most cases opinion was sought on the child's mental and physical fitness for entry to approved school. Occasionally a further request is made for an examination in respect of venereal disease or pregnancy.

As in former years, many of these children have been below average in educational attainment and in intelligence, but in the past 2 years we have seen more children with normal intelligence but with an educational attainment below expectation. Whether this tendency has any significance it is too early to say.

Suitability for Training College

Candidates for the teaching profession were examined before entry into Training College and on leaving. Dr. Hutton also examined all candidates at Carnegie Training College at the time of their interview. He also examined all those leaving.

Number examined for admission to a Training College ..	160
Number examined for admission to Carnegie Training College	135
Number examined on leaving Training College	231
Number examined on leaving Carnegie Training College	96
Number examined on taking up appointments	272

Special Examinations.

174 children were seen at the central clinic following a request from some person with an interest in the child's welfare. This might be the parent, teacher, family doctor, welfare officer or probation officer. In all cases there was some anxiety about the child's progress. Usually the medical officer was able to give a reassuring report, but in some cases further investigation proved necessary.

Boarded-out Children

All children boarded out by the Children's Officer were examined at regular intervals. The number seen during this year was 294.

MILK IN SCHOOLS

The number of bottles of milk, each one third of a pint, consumed during the year was 13,093,479. This is an increase of 285,097 over the number supplied during the previous year. This does not necessarily mean that there has been a change in the milk drinking habits of school children but is probably accounted for by the severe epidemic of influenza in 1957 which caused a reduction in attendance of children at school by as much as 50% for a few days, with a consequent reduction in the consumption of milk.

A further cause for the increase may be the larger number of children on roll.

A constant watch is kept to prevent any wastage, and head teachers are frequently reminded to vary the daily order for milk in order to avoid deliveries surplus to their requirements.

SCHOOL TRANSPORT

The removal of families to new estates on the outskirts of the City has necessitated an increase in the provision of transport for children attending schools for handicapped children.

At present nine coaches and nine cars carry 303 children to and from schools daily. This figure does not include the transport provided for children attending swimming baths and domestic science centres.

When Cardinal Square School is completed it is envisaged that two extra coaches may be needed.

DENTAL SERVICE

Report by Mr. D. E. Taylor.

During the year one dental officer retired and one resigned. Two were recruited so that the staffing position showed no change. Mr. J. A. Whitelaw who retired had charge of the dental treatment of nursing and expectant mothers. He had a keen interest in the prosthetic side of dentistry and the denture work done during his time in the service was of a very high standard.

Many children who do not accept the school dental service are treated periodically by general practitioners but a large number attend a dentist only when in pain. The mouths of those receiving casual treatment only are often in a bad condition and efforts will have to be made to persuade the parents of those children to accept regular inspection and treatment.

The incidence of dental caries is still increasing and there is no sign that the public takes any heed of advice for its protection. It cannot be said too often that dental caries, although the most prevalent disease in this country, is preventable. The cause is the presence in the mouth of sugar and easily fermentable starches. The eating of such substances between meals and on retiring to bed has a particularly bad effect.

There has recently been a great deal of advertisement for the sale of sweetmeats with no appreciable counter-attack by those who should be interested in prevention. This is surprising considering the pain and inconvenience caused by dental decay and the enormous amount of money spent on repair.

The school dental officers acted as adjudicators in the dental competition in connection with Children's Day. Prizes were given as in previous years by the *Yorkshire Evening Post*.

Children with severe heart affections who required extractions were treated at St. James's Hospital by Mr. S. R. Fell and Mr. J. Wigglesworth. They also treated cases with acute infections which required immediate hospital treatment.

Orthodontic Clinic

Mr. Miller reports :—

“ There is a high incidence of dental malocclusions. Hence there is a keen and continued demand for the services of the orthodontic clinic. Nowadays parents are very much aware of the benefits to the appearance and general well-being of the children that “ regulation ” treatment can bring about. This interest is reflected in the high attendance record. Patients and parents are conscious of their obligation to co-operate fully in this respect. This is a factor of great importance. Many of the cases treated require long periods of observation and active treatment. Careful and frequent inspection of those patients who show early signs of overcrowding of the teeth can cut down considerably the period of treatment required. A high standard of dental health and oral hygiene is required, and in this respect the services of the dental officers and the dental hygienists are of great value.

Professor Read has continued to inspect and treat those patients requiring more extensive surgical treatment. These patients are generally admitted to St. James's Hospital for any operations which may be necessary. Post-operative treatment is carried out at the orthodontic clinic.”

Summary of work carried out during the year :—

Cases commenced during the year	..	..	398
Cases carried forward from previous year	..	823	
Cases completed during the year	..	..	325
Appliances fitted	..	..	375
Total attendances	..	..	6,108

The following figures show the amount of orthodontic work done on Leeds school children at Leeds Dental Hospital :

Number of patients under treatment	..	..	250
Cases completed	..	..	82
Total number of visits	..	..	1,263

The laboratory staff of two technicians and one apprentice was fully occupied during the year.

The laboratory work done is as follows :—

Dentures for mothers	..	..	..	360
Dentures for school children	..	..	..	70
Repairs to dentures	..	..	..	9
Crowns, splints, etc.	..	..	..	75
Orthodontic appliances	..	..	..	374

The results of the survey by Dr. Jackson of the Leeds University Dental School, mentioned in my annual report for 1957, have now been issued.

Whilst it is much too long to include the whole of it in this report, there are some points of extreme interest as follows :—

“ In the preceding annual report reference was made to the initiation of a survey of dental health in 12 year old Leeds school children. This survey, which was extended to include those in their school leaving year (14 year olds), has been completed and a report is now possible. The object of this survey was primarily to obtain information about the distribution of dental ill-health, but a secondary purpose (at the request of Mr. D. E. Taylor, Principal Dental Officer) was to assess the efficiency of the school dental service in Leeds.

The main problem of the public dental service is how to prevent and control the ravages of dental decay and it is intended therefore, in this brief report to give prior attention to this problem.

Of all the permanent teeth which had erupted by the age of 12 years, 28 per cent had been attacked by dental decay. Of the first permanent molars, which erupt at six years, 80 per cent had been affected. Only 1·5 per cent of children were caries immune, and only six per cent of children were dentally fit. The average number of decayed teeth was between 6 and 7 per child.

By the time children left school at 15 years, 32 per cent of all erupted teeth had decayed. Less than two per cent of children were found to be dentally fit and the average number of decayed teeth per child was between 8 and 9. Of the first permanent molars, 90 per cent had been attacked.

Whereas there are no comparable figures available in Leeds over past years, evidence exists which shows that the incidence of dental caries in 12 year old school children has almost doubled since World War II. This had obviously thrown an additional burden on the school dental officers. To assess how treatment had been effected, the number of filled, extracted and untreated teeth were expressed as a percentage of all the teeth which had decayed: the figures were calculated for those children who attended L.E.C. clinics and also for those who did not. These figures are given in the following table :—

Treatment percentages for all decayed teeth in 12 year old Leeds School Children.

	Filled	Extracted	Untreated
Children attending L.E.C. Clinics	31%	29%	40%
Rest of Children	26%	27%	47%

Percentages refer to those teeth which had suffered decay.

It will be seen that children attending Leeds school clinics had relatively less teeth unattended to, and that the percentage of teeth filled was slightly higher.

It was heartening to find so little sepsis in this age group; less than one per cent of all decayed teeth were septic in the clinic attenders, and less than four per cent in others.

The quality of the work carried out by the Leeds school dental officers was of quite a high standard.

Next in importance to the treatment of dental decay, is the treatment of malocclusion, and brief reference should be made to this problem. It was found that only 44 per cent of all children had a normal occlusion and hence 56 per cent. of all children were potentially needing orthodontic treatment. For several reasons not all children are suitable for orthodontic treatment and hence the true figure is somewhat less and difficult to estimate. Nevertheless, one can say that between 35 and 45 per cent. of all children need and should receive treatment for malocclusion.

The unavoidable and often untimely extraction of permanent teeth because of decay gives rise to malocclusion in certain cases, and in others complicates an already existing malocclusion. The first permanent molars are the teeth which give rise to most of the trouble, and it was of interest therefore, to assess how far the extraction of these teeth influenced alignment of the rest of the teeth. The first observation was that in those cases where all the first permanent molars had been extracted, the incidence of decay in

the rest of the teeth was twice that which existed in those cases where all the first permanent molar teeth had been retained. This high susceptibility is the reason why all four first permanent molar teeth have to be extracted so early in life. Crowding of the front teeth and protrusion of the upper front teeth was less when all the first permanent molar teeth were extracted, but occlusion in the premolar and molar region was, more often than not, seriously impaired. This situation is, however, unavoidable with the incidence of caries being so high.

Dental decay is undoubtedly associated with the stagnation of food on tooth surfaces. One would expect, therefore, that the practice of good oral hygiene would reduce the incidence of dental decay. It was found, however, that no correlation existed between good oral hygiene and dental decay in this age group, and hence it would appear that those factors influencing dental decay are far more powerful than any inhibiting effect of oral hygiene as practised by the child. There was, however, a very strong and positive correlation between good oral hygiene and the health of the gum tissue : those with cleaner teeth had healthier gums.

It is hoped to carry out further surveys at regular intervals, because it is only by such investigations that a true picture of the problem can be ascertained. The present survey was carried out on 1,184 school children at four grammar schools, eleven secondary modern schools, one private school and one special school.

The co-operation of the head teachers and the Education Authority is much appreciated."

APPENDIX I

HISTORICAL

This is the fiftieth annual report of the School Health Service and it is interesting to look back over the years and briefly note the changes which have taken place.

The first annual report of the School Medical Officer was for the year 1909 and it is in the introductory note written by James Graham, Secretary for Education for Leeds, that the first item showing the tremendous expansion of the service is indicated. Here it was stated that

“ The duty which Parliament has placed upon local Education Authorities of carrying out medical inspection of school children is one that involves a heavy expense.

As medical inspection has now been in operation a year it is possible to state with some definiteness what the annual cost is likely to be. With the exercise of the most rigid economy in administration, the cost cannot be less than £2,500.”

The cost today of the service covering a much wider field including inspections, medical and dental treatment and a consultant service is approximately £120,000 a year.

The staff in the first year comprised one School Medical Officer and a number of part-time medical examiners. No nurses were employed and no treatment was given. The stepping stones to the present staff are shown by the introduction of increased services as follows.

Year	
1911	One school nurse was appointed
1913	Three additional nurses appointed
1918	The nursing staff had grown to 15
1958	Twenty-four nurses on the staff
1915	One dental clinic was opened—one full-time dentist
1916	Three part-time dentists appointed
1918	Five full-time dentists on the staff
1958	Fifteen full-time dentists employed
1913	Three full-time assistant school medical officers appointed
1958	Seven full-time and five part-time
1916	An oculist appointed
1920	An ear, nose and throat consultant appointed
1925	An orthopaedic consultant appointed
1932	An ophthalmic consultant appointed
1958	Specialists in the above fields are still engaged together with a Pædiatrician (Specialist in Children's Diseases) and an Oral Surgeon.

The above record of progress shows how the service has grown from mere inspection work to a comprehensive service including many forms of treatment and investigation involving the service of several consultants.

The introduction of the National Health Service Act, 1946, has not in any way tended to decrease the calls on the services of the school medical department.

A comparison of some of the types of defects found denotes the remarkable progress in personal hygiene and also in lasting results of treatment.

In 1910 20 per cent. of children were reported as having unsatisfactory clothing and footwear. In that year there were 95 closures of infants' schools or classes on account of epidemic sickness. The practice of closing schools on account of epidemic sickness has been discontinued for some years.

In 1911 2,900 children out of 14,000 examined had verminous heads approximately 20 per cent. The figure for 1958 is rather less than five per cent. and heavy infestations are now very seldom seen.

In 1913 674 children were absent owing to diphtheria, and 994 were absent with scarlet fever. 1,819 children were known to have had ringworm and were excluded from attendance at school. There has been no case of diphtheria among school children during the last six years. This is certainly due to the continuous programme of immunisation regularly carried out. Scarlet fever is now of a much milder form and does not account for much absence from school. Ringworm is now very rare and when it is found the cause is usually due to infection from animals.

In 1913 9.1 per cent of all children examined were classed as having sub-normal nutrition, and it was noted that the number of children in this category appeared to have increased during the previous three years.

Particular notice of the hours at which children went to bed led to the statement that over 50 per cent. of elementary school children were going to bed far too late. This is still probably true.

The average weight and height of scholars was below the country average.

Rickets, and the effects of rickets, were noted in 3.7 per cent. of children examined. This figure probably included cases of knock-knee which would not nowadays be included in the category of rickets, but even so it is an interesting comparison with the present day when no cases of rickets are seen.

The table below gives some figures for heights and weights culled from annual reports. Owing to the changes in the groups of children examined it is only possible to compare children at five years of age.

CHILDREN AGED 5 YEARS					
		Height ins.		Weight lbs.	
		Boys	Girls	Boys	Girls
1909	..	40·2	39·9	38·5	37·0
1917..	..	40·5	39·6	37·6	36·4
1925..	..	41·0	40·7	39·0	37·7
1933..	..	41·7	41·5	40·4	38·9
1941..	..	42·4	42·1	41·7	40·2
1950..	..	42·7	42·4	42·9	41·1
1955..	..	42·6	42·6	42·9	41·7

Now recorded only every five years

APPENDIX II

REPORT ON PHYSICAL EDUCATION 1958

by

Mr. E. G. BAILEY

The enthusiasm amongst teachers of the city for the development of physical education continues at a high level. During the year more than 230 men and women voluntarily attended evening courses of instruction in physical education. The staffing position of specialists has improved but there is still a shortage of women teachers and the problem of staffing adequately the all-age primary and some secondary schools remains.

The portable gymnasium, mentioned in last year's report, is being widely used in primary schools, and more are being supplied though the demand far exceeds the amount of money available. Young children can hang, climb and swing on this apparatus, and from these activities freely practised there stems a confidence in the body and an understanding of what it can do.

More fixed apparatus has been installed in older secondary schools. The hall at Hillside C.S. Girls' School has been converted into a modern gymnasium, and fixed apparatus of the hinged type has been provided at Cross Green C.S. and Hunslet Lane Schools. The posture of children at Hunslet Lane was giving some concern, and the school medical officer and physical education adviser recommended the installation of fixed apparatus to try to improve this defect. It is too early to speak of improvement in posture, but

the enthusiastic reception by the children of the school was indeed encouraging. Progress has also been made in the relaying of floors in gymnasia, and in school halls used for physical education.

Facilities for games are still inadequate to meet the requirements of the city. In Leeds, providing playing fields, to the extent and standard that the Ministry expect, is a considerable problem. Land is increasingly scarce within the city boundary, and it is not easy to acquire suitable areas. New schools are on sites that in most cases conform to the Ministry's minimum requirements of area, but for the older schools the solution appears to be that of extensive communal playing fields on the outskirts of the city. Many large playing fields owned by the Parks Committee are extensively used and transport is provided to convey children to these fields. Three small areas of land, ear-marked as sites for future schools, have been temporarily converted to playing fields, but their use is restricted because of the lack of toilet and changing accommodation.

The need for more swimming baths, reported last year, has increased with the larger numbers of children entering secondary schools, and the Committee's policy for swimming cannot now be fully implemented. Special training sessions for promising swimmers have been opened at all of the city's baths, and are held once or twice weekly. Instruction is given voluntarily by teachers and members of the staff of the Baths Department. This scheme, in its first year, appears to be working satisfactorily; the children selected are maintaining regular attendances. A course in competitive training method was held at Carnegie College of Physical Education during the year, and the committee gave leave of absence to nine teachers to attend this course.

Leeds children in the Yorkshire County and English National Championships acquitted themselves well, and two schools obtained excellent results. Ingram Road C.P. Boys' School won the Yorkshire and Lincolnshire Team Championship, and competed in the final for the English Championship at Hove: a team of boys from West Leeds High School succeeded in carrying off the Yorkshire championship of the Royal Life Saving Society. Masters and boys at both schools are to be congratulated upon these achievements.

Attendances at swimming sessions during the summer season were appreciably higher than for the previous year. This was due to a longer season and to the increased provision of transport to convey the larger numbers in the compulsory age groups. Occasional closures of swimming baths and a shorter winter swimming season resulted in lower winter attendances than in the previous year.

The following statistics show attendances, certificates and awards during the year :—

	1957	1958
Total attendances	355,067	339,646
Certificates	8,818	8,249
Preliminary Certificates .. (New swimmers)	4,061	4,347
R.L.S.S. Bronze Medallion ..	158	137

Attendances—Summer and Winter

Summer		Winter	
1957	1958	1956/1957	1957/1958
164,640	215,324	190,427	124,322

More schools and youth clubs are taking part in the Duke of Edinburgh's Award Scheme, and an increase in the number of schools taking part in outdoor activities is evident. This year, boys and girls from ten county secondary schools and nine civic youth clubs undertook training and instruction before attempting the tests.

The canoe club at Upper Wortley C.P. Mixed School deserves particular mention. In canoes made by themselves in the school workshop, boys from this school made a journey across Scotland to the Western Isles and spent eighteen days camping and canoeing, during which they covered more than 230 miles. These boys under the energetic leadership of a master undergo a most rigorous training, and enjoy a full comprehensive year's programme. By July they had completed several night hikes of more than 25 miles, and had spent many nights under canvas. Before attempting the extended holiday the boys had thus become proficient campers, swimmers and canoeists. The enthusiastic work of the boys is matched only by that of the master, who has inspired them in the formation of the club.

Teachers and students from other authorities and from overseas have again visited Leeds to observe particularly physical education in primary and secondary schools. Lessons of differing types were shown to these visitors and one school gave a demonstration of primary school work at the Leeds Town Hall in March.

STAFF

Miss M. Bennett retired in July after spending 28 years in the department, first as an organiser of physical education and later

UPPER WORTLEY CANOE CLUB



By courtesy of Y.A.P.

MAKING CANOES IN THE WORKSHOP



By courtesy of Nottingham Leisure Access

CANOEING ON THE TRENT

in an administrative capacity in the physical education section. Two new women organisers of physical education have joined the department, Miss B. M. Axson from the Halifax Authority and Mrs. J. L. Williams from Stainbeck C.S. Girls' School.

APPENDIX III

THE SCHOOL MEALS SERVICE 1958

by

Mrs. K. V. DEWAR

During 1958, 6,698,427 school meals were consumed by pupils in Leeds schools: this number shows an increase of 296,530 meals compared with 1957. The maximum daily number of meals served to children in each month varied from 34,988 in June to 37,277 (a new record) in October. This figure represents 47.2 per cent. of the total number of children on roll in October, and it is interesting to note that the percentage of children taking meals has increased by 1.3 per cent since 1957.

In the period under review 507,402 meals were provided free of charge to necessitous pupils, an increase of 113,102 meals on the number supplied in 1957. The number of children entitled to have meals free of charge increased steadily throughout the year to a maximum of 3,199 in December. There was a comparable increase in the numbers of meals provided at the reduced charges of 3d. and 6d.; the number of pupils authorised to have meals at these reduced charges varied from 92 in January to 355 in December.

As a result of development during the year the total cooking capacity of the 53 school kitchens is now 41,035 meals. The new kitchen at Lawnswood was completed in August and approximately 1,150 meals are now served daily in the four dining rooms, to pupils of Leeds Modern School and Lawnswood High School. This kitchen replaces the old unsatisfactory accommodation in the two school buildings. Kitchens and dining rooms were provided at Parkside County Secondary School, Asket Hill County Primary School and at Foxwood Comprehensive School where there are two kitchens: the larger one (750 meals capacity) serves the upper school and the smaller one (500 meals capacity) serves the lower school.

Two other kitchens were closed during the year (the Middleton kitchen and the old kitchen situated in the basement of Cockburn High School) as it was impracticable to improve the structure of these buildings so that the standards recommended in the Food Hygiene Regulations could be attained. Six school dining rooms were closed as a result of the re-organisation of schools, three additional dining rooms were opened and ten canteens were transferred to better premises.

A number of minor improvements to kitchens and canteens were made during the year. Cross Flatts kitchen was temporarily closed in December to enable improvements to be made to the floors and the drainage system. In July the Ministry of Education informed the authority that additional resources were to be made available for the improvement of dining facilities in the financial year 1959-60. Consequently it is expected that the authority will be allowed to carry out a few major improvements but the Ministry of Education has not yet approved individual proposals.

The school meals service continued to provide meals during school holiday periods ; one kitchen was used for cooking the meals which were then distributed to three dining centres in different districts of Leeds. Attendances at the centres were disappointingly low, total attendances varied between 300 and 400 a day. Packed meals were provided for pupils going on educational journeys and refreshments were provided for Speech Days and other school functions.

The supervisors of school kitchens succeeded in producing attractive and well balanced meals despite the difficulties with which they had to contend particularly in the spring and early summer, when vegetables were scarce and expensive. The higher prices of meat and milk products added to the problems of catering within the permitted limit of expenditure. In order to assist in the resolution of practical problems several courses of training for the various grades of staff were held during the year. Particular attention was given to the training of cooks and assistant cooks so that efficient and experienced kitchen staff were available for work in the new kitchens.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1958

TABLE I,
Medical Inspection of Pupils attending Maintained
and Assisted Primary and Secondary Schools
(Including Nursery and Special Schools)
A.—Periodic Medical Inspections

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1954 and later ..	239	228	95·4	11	4·6
1953	3,151	3,116	98·9	35	1·1
1952	3,699	3,654	98·8	45	1·2
1951	429	425	99·1	4	0·9
1950	153	153	100	—	—
1949	111	111	100	—	—
1948	5,105	5,081	99·5	24	0·5
1947	3,519	3,495	99·3	24	0·7
1946	241	238	98·8	3	1·2
1945	151	151	100	—	—
1944	3,665	3,637	99·2	28	0·8
1943 and earlier ..	2,809	2,794	99·4	15	0·6
Total	23,272	23,083	99·2	189	0·8

B.—Pupils Found to Require Treatment at Periodic Medical Inspections
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
1954 and later	10	214	224
1953	97	230	315
1952	114	246	348
1951	13	50	61
1950	13	9	20
1949	7	10	14
1948	232	330	544
1947	155	229	364
1946	14	19	33
1945	11	11	20
1944	188	290	460
1943 and earlier	224	132	342
Total	1,078	1,770	2,745

C.—Other Inspections

NUMBER OF SPECIAL INSPECTIONS	..	..	..	..	..	3,617
NUMBER OF RE-INSPECTIONS	..	..	..	..	..	21,843
TOTAL	..	..	..	..	..	25,460

TABLE II

Infestation with Vermin

(1) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	203,139
(2) Total number of individual pupils found to be infested	3,828
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,258
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	826

TABLE III

Return of Defects found by Medical Inspection in the Year Ended 31st December, 1958

A—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		TOTAL	
		Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion	Requir- ing Treat- ment	Requir- ing Observa- tion
4	Skin	117	166	150	98	174	145	441	409
5	Eyes— <i>a.</i> Vision	247	449	412	1,005	419	1,198	1,078	2,682
	<i>b.</i> Squint	63	122	5	10	9	46	77	178
	<i>c.</i> Other	21	32	14	13	22	36	57	81
6	Ears— <i>a.</i> Hearing	41	165	24	37	38	86	103	288
	<i>b.</i> Otitis Media	19	75	9	36	20	63	48	174
	<i>c.</i> Other	16	67	12	9	17	29	45	105
7	Nose and Throat	150	1,356	25	167	62	538	237	2,061
8	Speech	34	229	9	28	35	68	78	325
9	Lymphatic Glands	3	218	—	18	—	78	3	314
10	Heart	2	171	—	136	2	201	4	508
11	Lungs	23	421	8	143	32	323	63	887
12	Developmental—								
	<i>a.</i> Hernia	8	28	—	—	2	5	10	33
	<i>b.</i> Other	4	344	23	70	26	142	53	556
13	Orthopaedic—								
	<i>a.</i> Posture	7	91	58	209	46	235	111	535
	<i>b.</i> Feet	44	131	64	90	86	180	194	401
	<i>c.</i> Other	34	320	40	118	43	226	117	719
14	Nervous System—								
	<i>a.</i> Epilepsy	3	20	1	12	2	14	6	46
	<i>b.</i> Other	11	196	9	73	22	293	42	562
15	Psychological—								
	<i>a.</i> Development	7	85	—	31	21	117	28	233
	<i>b.</i> Stability	2	88	4	35	10	92	16	217
16	Abdomen	4	73	5	29	6	67	15	169
17	Other	12	18	6	40	20	93	38	151

B.—Special Inspections

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
4	Skin	514	16
5	Eyes <i>a.</i> Vision	2,151	11
	<i>b.</i> Squint	392	4
	<i>c.</i> Other	47	2
6	Ears <i>a.</i> Hearing	95	23
	<i>b.</i> Otitis Media	94	12
	<i>c.</i> Other	129	6
7	Nose and Throat	165	25
8	Speech	248	93
9	Lymphatic Glands	51	—
10	Heart	53	26
11	Lungs	197	11
12	Developmental—		
	<i>a.</i> Hernia	—	1
	<i>b.</i> Other	40	8
13	Orthopædic—		
	<i>a.</i> Posture	57	14
	<i>b.</i> Feet	39	11
	<i>c.</i> Other	128	103
14	Nervous system—		
	<i>a.</i> Epilepsy	—	8
	<i>b.</i> Other	1	160
15	Psychological—		
	<i>a.</i> Development	1	213
	<i>b.</i> Stability	—	37
16	Abdomen	1	10
17	Other	55	—

TABLE IV

Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools)

A.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	767
Errors of refraction (including squint)	5,811
Total	6,578
Number of pupils for whom spectacles were prescribed	2,986

B.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis ..	76
(c) for other nose and throat conditions ..	4
Received other forms of treatment ..	1,037
Total	1,121
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958	49
(b) in previous years	390

Table C.—Orthopædic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics	1,058
(b) Pupils treated at school for postural defects	—
Total	1,058

Table D.—Diseases of the Skin (excluding uncleanness, for which see Table II)

	Number of cases known to have been treated
Ringworm—(a) Scalp	1
(b) Body	—
Scabies	44
Impetigo	249
Other skin diseases	5,039
Total	5,333

Table E.—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ..	148

Table F.—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists ..	244

G.—Other Treatment Given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	5,824
(b) Pupils who received convalescent treatment under School Health Service arrangements	234
(c) Pupils who received B.C.G. vaccination	
(d) Other than (a), (b) and (c) above :—	
Malnutrition	644
Lymphatic Glands	53
Heart and Circulation	68
Polio Vaccination	31,148
Total (a) — (d)	37,971

TABLE V.—Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers	
(a) At Periodic Inspections	33,723
(b) As Specials	3,840
TOTAL (1)	37,563
(2) Number found to require treatment	27,473
(3) Number offered treatment	22,213
(4) Number actually treated	20,141
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h)	39,843
(6) Half days devoted to :—	
Periodic (School) inspection	289½
Treatment	6,234
TOTAL (6)	6,523½
(7) Fillings :—	
Permanent Teeth	24,035
Temporary Teeth	158
TOTAL (7)	24,193
(8) Number of teeth filled :—	
Permanent Teeth	18,904
Temporary Teeth	158
TOTAL (8)	19,062
(9) Extractions :—	
Permanent Teeth	7,585
Temporary Teeth	16,637
TOTAL (9)	24,222

TABLE V (Continued)

(10) Administration of general anaesthetics for extraction	12,888
(11) Orthodontics :-	
(a) Cases commenced during the year	398
(b) Cases carried forward from previous year	823
(c) Cases completed during the year	325
(d) Cases discontinued during the year	5
(e) Pupils treated with appliances	315
(f) Removable appliances fitted	375
(g) Fixed appliances fitted	—
(h) Total attendances	6,108
(12) Number of pupils supplied with artificial dentures ..	70
(13) Other operations :-	
Permanent Teeth	5,913
Temporary Teeth	47
	<u>5,960</u>

TABLE VI

Number of Exclusions, 1958

DEFECT	REFERRED FOR EXCLUSION BY		TOTAL
	School Medical Officers	School Nurses	
Uncleanliness of Head ..		2,132	2,132
Uncleanliness of Body ..		—	—
Ringworm—Scalp and Body ..		—	—
External Eye Disease ..		4	4
Scabies	44		44
Impetigo	7	51	58
Other Skin Diseases		2	2
Other Diseases		9	9
Vision		—	—
TOTAL 1958 ..	51	2,198	2,249
TOTAL 1957 ..	7	2,099	2,106

TABLE VII

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes

	Blind	Parti- ally Sighted	Deaf	Parti- ally Deaf	Deli- cate	Physic- ally Handi- capped	Educa- tionally Sub- normal	Mal- adjusted	Epi- leptic	Total
During the year ended December 31st, 1958—										
Handicapped Pupils newly placed in Special Schools or Homes	1	7	6	2	18	25	83	7	1	150
Newly Assessed as requiring Education at Special Schools	3	5	.	5	22	22	99	9	3	165
On 31st January, 1959:—										
No. of Handicapped Pupils:—										
(i) Attending Special Schools—Day	—	13	34	16	2	119	424	—	—	608
Boarding	13	2	26	—	18	24	30	5	6	124
(ii) Attending Independent Schools	—	—	—	—	—	3	1	7	—	11
(iii) Boarded in Homes	—	—	—	—	1	—	2	2	—	5
Total	13	15	60	16	21	146	457	14	6	748
No. of Handicapped Pupils being educated under arrangements made under Section 50 of the Education Act, 1944:—										
(i) In Hospitals	—	—	—	—	24	—	—	—	—	24
(ii) In other Schools	—	—	—	—	—	—	—	—	—	—
(iii) At Home	1	—	—	—	—	2	—	—	—	3
No. of Handicapped Pupils requiring places in Special Schools—Day										
Boarding	3	1	1	6	140	1	68	4	1	247
Total	—	—	—	—	1	1	10	—	—	20

